

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A CLINICAL LABORATORY SCIENCE PRACTITIONER. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice as a clinical laboratory science practitioner in the State of Montana and the Clinical Laboratory Science Practitioners Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF CLINICAL LABOARTORY SCIENCE PRACTITIONERS, P. O. BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____ (Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Reciprocity/Endorsement/State Exam _____

License is current? _____ Active _____ Inactive _____ If NO, explain _____

Has license been suspended, revoked, on probation or otherwise disciplined? _____

If YES, explain and attach documentation. _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____